SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015



Electronic Filing

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Page 1 of 27

COVER PAGE

		CO	VER PA	GE						
1. NAME OF COMMITTEE										
STEWPAC										
2. TREASURER NAME										
First			MI	Last				Suffix		
Kimberly	A Jehning									
3. TREASURER ADDRESS										
Street Address		City					Zip Code			
91 Westover Rd		New E	Britain			СТ		06053		
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	GHT (Co	mplete only if C	andidate Committee)	'		6 DISTRI	CT NUMBER (if applicable)		
		, , ,	, , ,				0. 210110	er i ivombilit (y appricatio)		
7. CANDIDATE NAME (Complete only if Candid	ate or Exploratory Co	mmittee	e)							
First			MI	Last				Suffix		
8. TYPE OF REPORT										
April 10 Filing - Original										
9. PERIOD COVERED										
Be	ginning Date			Ending Date						
01	/01/2016		thru	03/31/2016						
10 GERTING ATTION										
10 CERTIFICATION										
✓ I hereby certify and state, under	penalties of false s	stateme	ent, that all	of the information set	forth on	this				
Itemized Campaign Finance D complete.	isclosure Statem	nent fo	r the period	covered is true, accur	rate and					
complete.										
Electronic Filing Ki	mberly Jehning				04/11	/2016 3	:19:57PM			
SIGNATURE PR	INT NAME OF THE	SIGNE	ER		DATE C	CERTIFIED				
A Person who is found to have know	vingly and willfully	violate	ed any provis	sions of the campaign	finance s	statutes fa	ces a civil			
penalty or imprisonment or both.	gry and winding	violate	any provis	on the campaign	.mance s	ratutes id	ccs a CIVII			

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT						
STEWPAC	April 10 Filing - Original							
	COLUMN A This Period	COLUMN B Aggregate						
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other Committees		\$6,235.34						
12. Balance on hand at the beginning of Reporting Period	\$6,235.34							
13. Contributions received from Individuals (Section A and B)	\$1,837.00	\$1,837.00						
14. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00						
15. Other Monetary Receipts (Section D through K)	\$0.00	\$0.00						
16a. Total Proceeds from Small Puchases (Section L1 Subpart 1 + Subpart 3)	\$0.00	\$0.00						
16b. Per Public Act 11-48, effective January 1,2012 Section L2 removed								
16c. Total Purchases of Advertising - Program Book or Sign (Section L3)	\$0.00	\$0.00						
17. Total Monetary Receipts (add totals for lines 13 through 16c)	\$1,837.00	\$1,837.00						
18. Subtotals (add totals in Line 12 + 17 in Column A and in Line 11 + 17 in Column B)	\$8,072.34	\$8,072.34						
19. Expenses Paid by Committee (Section P)	\$2,573.28	\$2,573.28						
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both colum	\$5,499.06	\$5,499.06						
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00						
22. In-Kind Donations not Considered Contributions - House Party (Section L5)	\$0.00	\$0.00						
23. In-Kind Contributions Received (Section M)	\$0.00	\$0.00						
24. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00						
25. Loan Balance	\$0.00							
25a. + Loans Received (Section D)	\$0.00	\$0.00						
25b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00						
25c Payments on Loan	\$0.00	\$0.00						
25d. Total Outstanding Loan Amount	\$0.00							
26. Campaign Expenses Paid By Candidate (Section Q)	\$0.00	\$0.00						
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00						
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$0.00							
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$0.00							

	I. MONETARY RECEIPT	S (Section A	A-K)			
NAME OF COMMITTEE (Provide Complete		·	,	TYPE OF REPORT		
STEWPAC	name as Registered with Filing Reposito	огу)		YPE OF REPORT pril 10 Filing - Original		
	~					
A. Total Contributions from Small	Contributors-Received this Peri	od ONLY		\$140.00		
(See instructions for definition of Small Contributor,		Subtotal S	Section A			
	B. Itemized Contributions from I	ndividuals				
Last Name		First Na				MI
Mathena			inter		a	7: 0.1
Residential Street Address		City New Bri	taia		State CT	Zip Code
46 Roxbury Rd Principal Occupation			me of Employer		CI	06053
1 mepai occupanon		1 1	me of Employer			
Sales Rep.			Cyn			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of	committee for a chi	ief executive	Yes No	Amo	ount of Contribution
of dependent child of a foodyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more th		ed with have	res ino		
x _{No}	a contract with said manicipanty valued at more th	un \$5000 :				
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pros	spective state contr	actor?	Yes X No		
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	Execu	ntive Legislative			
Method of Contribution	9		Date Received	Aggregate Contributions	-	
			Date Received	Aggregate Contributions		
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Order	01/06/2016	\$50.00		\$50.00
			I	1 12222	!	
Last Name		First Na				MI
Mathena Residential Street Address		City	inter		State	Zip Code
46 Roxbury Rd		New Bri	tain		CT	06053
Principal Occupation			me of Employer		CI	00033
			_			
Sales Rep			Cyn			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of			Yes No	Amo	ount of Contribution
or dependent clind of a loobyist?	officer of a municipality does contributor or busine a contract with said municipality valued at more th		ed with have			
X No			-			
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pros If yes, indicate which branch or branches of	spective state contr	ractor?	Yes X No		
If yes, list Event # No	government the contract is with:	Execu	ıtive Legislative			
Method of Contribution			Date Received	Aggregate Contributions	\dashv	
Cash Personal Check X Credit/D						
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Order	03/18/2016	\$70.00		\$70.00
Last Name		First Na	me	•	•	MI
Mathena			ınter			
Residential Street Address		City		Ī	State	Zip Code
46 Roxbury Rd		New Bri	tain		СТ	06053
Principal Occupation		Nai	me of Employer			
Sales Rep			Cyn			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candidate of			Yes No	Amo	ount of Contribution
or dependent clind of a loodyist:	officer of a municipality does contributor or busine a contract with said municipality valued at more th		ed with have			
X No						
Is this contribution associated with an event reported in Section L1?	Is contributor a principal of state contractor or pros	spective state contr	ractor?	Yes X No		
If yes, list Event #	If yes, indicate which branch or branches of government the contract is with:	Execu	ntive Legislative			
Method of Contribution	1		Date Received	Aggregate Contributions	-	
				30 -0 2 2		
Cash Personal Check X Credit/D	ebit Card Payroll Deduction	Money Order	03/18/2016	\$2.00		\$2.00

					Page 4 01 27
	I. MONETARY RECEI	PTS (Section A-K)			
NAME OF COMMITTEE (Bravida Com	nplete Name as Registered with Filing Repo	,	TYPE OF REPORT		
STEWPAC	ipiete Name as Registered with Filling Repo	sitory)	April 10 Filing - Original		
BILWINE	B. Itemized Contributions from	m Individuals			
	B. Itemized Contributions from	iii iiidi viduais			
Last Name		First Name			MI
Gorman		Raymond			
Residential Street Address		City		State	Zip Code
214 Woodruff St		Southington		СТ	06489
Principal Occupation		Name of Employer			
CEO		СМНА			
	1				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candid officer of a municipality does contributor or b		Yes No	Amo	ount of Contribution
x _{No}	a contract with said municipality valued at mo				
Is this contribution associated with an	Is contributor a principal of state contractor or	prospective state contractor?			
event reported in Section L1?	Yes If yes, indicate which branch or branches of		x Yes No		
If yes, list Event #	No government the contract is with:	X Executive Legi	slative		
Method of Contribution	•	Date Received	Aggregate Contributions		
Cash Personal Check X Cr	redit/Debit Card Payroll Deduction	Money Order			
Cush Crosonal check C.	Taylon Beddenon	03/18/2016	\$70.00		\$70.00
Last Name		First Name			MI
Rusin		Jean			
Residential Street Address		City		State	Zip Code
153 Howe Rd		New Britain		СТ	06053
Principal Occupation		Name of Employer			
N/A		N/A			
To contribute a labbraist annual	If contribution is in excess of \$400 to a candid	1-4i4 61-i-6i		I	ount of Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	officer of a municipality does contributor or b		Yes No	Ame	ount of Contribution
x _{No}	a contract with said municipality valued at mo	ore than \$5000?			
Is this contribution associated with an	Is contributor a principal of state contractor or	prospective state contractor?	Yes X No		
event reported in Section 1.1?	Yes If yes, indicate which branch or branches of	ПъгПъг			
If yes, list Event #	No government the contract is with:	Executive Legi	siative		
Method of Contribution		Date Received	Aggregate Contributions		
Cash Personal Check X Cr	redit/Debit Card Payroll Deduction	Money Order			
		03/18/2016	\$70.00		\$70.00
Last Name		First Name			MI
Rybczynski		Jodi			
Residential Street Address		City		State	Zip Code
107 McKinley Dr		New Britain		СТ	06053
Principal Occupation		Name of Employer			
N/A		N/A			
Is contributor a lobbyist, spouse,	If contribution is in excess of \$400 to a candic	late committee for a chief executive		Ame	ount of Contribution
or dependent child of a lobbyist?	officer of a municipality does contributor or b		Yes No		
x _{No}	a contract with said municipality valued at mo	ore than \$5000?			
Is this contribution associated with an	Yes Is contributor a principal of state contractor or	prospective state contractor?	Yes X No		
event reported in Section L1?	If yes, indicate which branch or branches of	Executive Legi			
	government the contract is with:	<u> </u>			
Method of Contribution	<u>_</u>	Date Received	Aggregate Contributions		
Cash Personal Check X Cr	redit/Debit Card Payroll Deduction	Money Order	#70.00		±70.00

03/19/2016

\$70.00

											Pag	ge 5 01 27
		I. M	ONETARY R	RECEIPT	'S (Sec	tion /	A-K)					
NAME OF COMMITTEE (Provide C	lammlata N				·			TYPE OF REPORT				
STEWPAC	ompiete i	ivallie as K	egistered with Fin	ing Keposiu	01 y)			April 10 Filing - Original				
512 ((112		B. Itemi	zed Contributi	ons from I	Individ	uals	I					
		2, 1,0111		VII.9 II VIII I								
Last Name						First Na	ime					MI
Bassett						Kr	ystle					
Residential Street Address					City				State	•	Zip Coo	de
146 Booth St					N	lew Bri	tain		СТ		06053	3
Principal Occupation						Na	me of Employer					
Dealer Support							Safe Home Secu	urity				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	s		on is in excess of \$400 municipality does contr					Yes No		Amo	unt of Co	ntribution
x _{No}		a contract w	ith said municipality va	alued at more th	han \$5000°	?						
Is this contribution associated with an	Yes	Is contribute	or a principal of state co	ontractor or pro	spective st	tate contr	ractor?	Yes X No				
event reported in Section L1?	x No		ate which branch or bra	anches of		Execu						
		government	the contract is with.				Date Received					
Method of Contribution			_	_			Date Received	Aggregate Contributions				
Cash Personal Check X	Credit/Deb	bit Card	Payroll Deducti	ion	Money O	Order	03/20/2016	\$70.00			\$70.0	0
Last Name						First Na	ıme					MI
Dyson						Но	oward					
Residential Street Address					City				State	•	Zip Coo	de
191 Kenwood Dr					N	lew Bri			СТ		06052	2
Principal Occupation						Na	me of Employer					
President							Dyson Associate	es				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	s		on is in excess of \$400 municipality does contr					Yes No		Amo	unt of Co	ntribution
x No			ith said municipality va				ed with have					
Is this contribution associated with an	_	In contribute	or a principal of state co	antroator or mro	omootivo ot	toto contro	ro at a r?					
event reported in Section L1?	Yes		ate which branch or bra	_	spective st		ractor?	Yes X No				
If yes, list Event #	x No		the contract is with:			Execu	utive Legislativ	ve				
Method of Contribution	•						Date Received	Aggregate Contributions				
Cash Personal Check	Credit/Deb	hit Card	Payroll Deducti	ion 🔲	Money O	Order						
Casii I reisonal cheek	Cicalibet	on Card	Taylon Deducti		wioney o	ruci	03/21/2016	\$70.00	\perp		\$70.0	0
Last Name						First Na	ime					MI
Paine						Jin	n					
Residential Street Address					City				State	•	Zip Coo	
229 Branford Rd Unit 319					N	_	ranford		СТ		06471	1
Principal Occupation						Na	me of Employer					
N/A							N/A					
Is contributor a lobbyist, spouse,		If contributi	on is in excess of \$400	to a candidate	committee	for a ch	ief executive	Yes No		Amo	unt of Co	ntribution
or dependent clind of a lobbyist:			municipality does contr ith said municipality va				ed with have	i i es i i no				
x _{No}		a contract w	sara mamerpanty ve	aca at more ti	#5000 :	-						
Is this contribution associated with an event reported in Section L1?	Yes		or a principal of state co	_	spective st	tate contr	ractor?	Yes X No				
If yes, list Event #	x No	-	ate which branch or bra the contract is with:	anches of		Execu	utive Legislativ	ve				
Method of Contribution							Date Received	Aggregate Contributions	\dashv			
<u> </u>			П				Zate received	. Iggregate Contributions				
Cash Personal Check	Credit/Deb	bit Card	Payroll Deducti	ion	Money O	rder	02/22/2016	±70.00			470.0	0

03/22/2016

\$70.00

								Page 6 of 27
		I. MONETARY I	RECEIPTS	(Section	A-K)			
NAME OF COMMITTEE (D	:1 C 14			,		TYPE OF REPORT		
NAME OF COMMITTEE (Pro	vide Complete	Name as Registered with Fil	ing Repositor	у)		TYPE OF REPORT April 10 Filing - Original		
SILWINE		B. Itemized Contributi	ions from In	dividuals				
		B. Itemized Contributi	10113 11 0111 111	luiviuuais				
Last Name				First Na	ame			MI
Healy					nristopher			
Residential Street Address				City			State	Zip Code
27 Dorchester Rd				Wether	sfield		СТ	06109
Principal Occupation			•	Na	me of Employer			•
Legislative Aide					State of CT			
					State of C1			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	If contribution is in excess of \$400				Yes No	Am	nount of Contribution
of dependent child of a loobyist:	x _{No}	officer of a municipality does cont a contract with said municipality v			ed with have			
	No No						_	
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of state of		ective state cont	ractor?	Yes X No		
If yes, list Event #	x No	If yes, indicate which branch or br government the contract is with:	anches of	Exec	utive Legislati	ve		
Method of Contribution					Date Received	Aggregate Contributions	\dashv	
		П				-566		
Cash Personal Check	X Credit/De	bit Card Payroll Deduc	tion L N	Money Order	03/23/2016	\$70.00		\$70.00
					<u> </u>	!		1
Last Name Green				First Na	_{illiam}			MI
Residential Street Address			1	City	IIIIaiii		State	Zip Code
18 Fairview Ave				Shelton			CT	06484
Principal Occupation			ı		me of Employer			1
Facilities Manager					Housecleaning F	Plus		
Is contributor a lobbyist, spouse,	Yes	If contribution is in excess of \$400				Yes No	Am	nount of Contribution
of dependent child of a lobbyist:		officer of a municipality does cont a contract with said municipality v			ed with have			
	x No							
Is this contribution associated with an event reported in Section L1?	Yes	Is contributor a principal of state of		ective state cont	ractor?	Yes X No		
If yes, list Event #	x No	If yes, indicate which branch or br government the contract is with:	ranches of	Exec	utive Legislati	ve		
Method of Contribution		9			Date Received	Aggregate Contributions	\dashv	
			_		Date Received	Aggregate Contributions		
Cash Personal Check	X Credit/De	bit Card Payroll Deduc	tion N	Money Order	03/24/2016	\$70.00		\$70.00
					1	71.000		
Last Name				First Na				MI
Clyburn			1		atthew		G	T 7: 0 1
Residential Street Address 95 Amherst Dr				City Manche	stor		State CT	Zip Code 06042
Principal Occupation					me of Employer		Ci	1 00042
1 morpus occupation				110	ine of Employer			
Senior Media Relations					Aetna			
Is contributor a lobbyist, spouse,	Yes	If contribution is in excess of \$400	to a candidate co	mmittee for a ch	ief executive	Yes No	An	nount of Contribution
or dependent ennid of a rooty ist.		officer of a municipality does con			ed with have	L Yes L No		
	x No	a contract with said municipality v	valued at more that					
Is this contribution associated with an	Yes	Is contributor a principal of state of	contractor or prosp	ective state cont	ractor?	Yes X No		
event reported in Section L1? If yes, list Event #	x No	If yes, indicate which branch or br	ranches of	Exec				
*		government the contract is with:						
Method of Contribution		_			Date Received	Aggregate Contributions		
Cash Personal Check	X Credit/De	bit Card Payroll Deduc	tion N	Money Order	02/24/2016	4105.00		±10F 00

03/24/2016

\$105.00

\$105.00

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		I. M	ONETARY RE	CEIPTS	S (Sec	tion	A-K)					
NAME OF COMMITTEE (Pro	avida Camplata							TYPE OF REPORT				
STEWPAC	ovide Complete	Name as N	egistered with Filling	Keposito	11 y)			April 10 Filing - Original				
SIEWIIIC		R. Itemi	zed Contributions	from I	ndivid	nals						
		D. Itemi	zeu contributions	, 11 0111 11	iiui viu	uais						
Last Name						First Na	ıme					MI
Amenta							ebastian					
Residential Street Address					City				State	:	Zip Coo	de
1166 Woodruff St					S	outhin	gton		СТ		06489	9
Principal Occupation					•	Na	me of Employer					
Civil Engineer							Comprehensive	Environmental Inc.				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	officer of a	on is in excess of \$400 to a municipality does contribut ith said municipality value	or or busine	ess he/she	associat		Yes No		Amo	unt of Co	ntribution
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes X No	If yes, indic	or a principal of state contra ate which branch or branch the contract is with:		spective st	Execu		Yes X No				
Method of Contribution							Date Received	Aggregate Contributions	\exists			
Cash Personal Check	X Credit/De	ebit Card	Payroll Deduction		Money O	rder	03/24/2016	\$140.00			\$140.0	00
Last Name						First Na	ıme					MI
Amodio						Ge	erry					
Residential Street Address					City				State	:	Zip Co	de
500 Shuttle Meadow Ave					N	ew Bri	tain		СТ		06052	2
Principal Occupation						Na	me of Employer					
Executive Director							NB Downtown D	District				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes X No	officer of a	on is in excess of \$400 to a municipality does contribut ith said municipality value	or or busine	ess he/she	associat		Yes No		Amo	unt of Co	ntribution
Is this contribution associated with an	Yes	Is contribute	or a principal of state contra	ctor or pros	spective st	ate conti	ractor?	Yes X No				
event reported in Section L1? If yes, list Event #	x No		ate which branch or branch the contract is with:	es of		Execu						
Method of Contribution							Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/De	ebit Card	Payroll Deduction		Money O	rder	03/24/2016	\$70.00			\$70.0	0
Last Name						First Na	ıme					MI
Simms						Cr	aig					
Residential Street Address					City				State	:	Zip Co	de
31 Quail Hollow Dr					S	outhin	gton		СТ		06489	9
Principal Occupation						Na	me of Employer					
Marketing							Vantis Life					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes	officer of a	on is in excess of \$400 to a municipality does contribut ith said municipality value	or or busine	ess he/she	associat		Yes No		Amo	unt of Co	ntribution
Is this contribution associated with an	Yes	Is contribute	or a principal of state contra	ctor or pros	spective st	ate conti	ractor?	Yes X No				
event reported in Section L1? If yes, list Event #	x No		ate which branch or branch the contract is with:	es of		Execu						
Method of Contribution		•					Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/De	ebit Card	Payroll Deduction		Money O	rder	02/24/2016	±70.00			+70.0	.0

03/24/2016

\$70.00

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		I. M	ONETARY R	ECEIPT	S (Sect	tion ₄	A-K)					
NAME OF COMMITTEE (D	0 14				·		,	TUDE OF DEDODT				
NAME OF COMMITTEE (Provide STEWPAC	Complete	Name as K	egistered with Filli	ig Keposiu	эгу)			TYPE OF REPORT April 10 Filing - Original				
SIEWIAC		R Itami	ized Contributio	ns from I	ndividi	nale						
		D. Itemi	izea Contributio	110111 1	iiuiviut	uais						
Last Name					1	First Na	me					MI
Anonuevo							chela					Α
Residential Street Address					City				State	П	Zip Coo	ie
105 Dennis Dr					Ne	ew Bri	tain		СТ		06053	3
Principal Occupation					•	Na	me of Employer					
Graphic Desogner							R2OC					
							1,200					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	Yes		ion is in excess of \$400 t					Yes No		Amou	int of Coi	ntribution
x			municipality does contri vith said municipality val				ed with have					
	No											
Is this contribution associated with an event reported in Section L1?	Yes		or a principal of state con	•	spective sta	ate contr	actor?	Yes X No				
If yes, list Event #	x No		ate which branch or bran the contract is with:	iches of		Execu	ıtive Legislativ	e				
Method of Contribution							Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/De	bit Card	Payroll Deduction	on 📙	Money Or	rder	03/25/2016	\$70.00			\$70.0	0
							l .	-				
Last Name						First Na	_{me} trick					MI
Residential Street Address					City	Ра	U ICK		State	\neg	Zip Coo	ie .
370 Wooster St					1	ew Bri	tain		CT		06052	
Principal Occupation						Na	me of Employer					
N/A							N/A					
Is contributor a lobbyist, spouse,	Vac		ion is in excess of \$400 t					Yes No		Amou	int of Coi	ntribution
or dependent entid of a loobyist:			municipality does contri vith said municipality val				ed with have					
x	No											
Is this contribution associated with an event reported in Section L1?	Yes		or a principal of state con	•	spective sta	ate contr	ractor?	Yes X No				
If yes, list Event #	x No		ate which branch or bran the contract is with:	nches of		Execu	ntive Legislativ	e				
Method of Contribution							Date Received	Aggregate Contributions				
	_			_			Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/De	bit Card	Payroll Deduction	on L	Money Or	rder	03/25/2016	\$70.00			\$70.0	0
							I	7			7	
Last Name]	First Na						MI
Newbury Residential Street Address					City	Sc	ott		State	_	Zin Co.	la.
86 Round Hill Rd					1	erlin			CT		Zip Coo	
Principal Occupation					1 00	_	me of Employer		Ci		00037	<u> </u>
Mgt. Consultant							Newbury Sales (Group Consulting				
Is contributor a lobbyist, spouse,		If contributi	ion is in excess of \$400 t	o a candidate	committee	for a ch	ief executive	Yes No		Amou	ınt of Coı	ntribution
of dependent clind of a lobbyist:			municipality does contri				ed with have	Yes No				
x	No	a contract w	vith said municipality val	ued at more th	ып \$5000?				_			
Is this contribution associated with an	Yes	Is contribute	or a principal of state cor	ntractor or pro	spective sta	ate contr	ractor?	Yes X No				
event reported in Section L1? If yes, list Event #	x No	-	ate which branch or bran	nches of		Execu						
<u> </u>		government	t the contract is with:						\dashv			
Method of Contribution				_			Date Received	Aggregate Contributions				
Cash Personal Check	X Credit/De	bit Card	Payroll Deduction	on 🗌	Money Or	rder	02/25/2016	±70.00			+70.0	0

03/25/2016

\$70.00

											Pag	ge 9 01 27
		I. M	ONETARY REC	CEIPTS	(Sectio	n A-K)						
NAME OF COMMITTEE (D	:1 C 14							TABLE OF DEPORT				
NAME OF COMMITTEE (Pro	vide Complete	Name as K	egistered with Filing	Kepositor	у)			TYPE OF REPORT pril 10 Filing - Original				
SIEWIAC		D Itom	ized Contributions	fuom In	dividual	Ω.						
		D. Item	ized Contributions	irom in	uiviuuai	S						
Last Name					First	Name						MI
Hard					1 110	Stephen						
Residential Street Address					City				State	\neg	Zip Coo	de
166 Lincoln St					New	Britain			СТ		06052	2
Principal Occupation						Name of Employe	er					
Executive Director						Greater N	B Arts	Miance				
						Greater N	D AILS /	Alliance				
Is contributor a lobbyist, spouse,	Yes	l	ion is in excess of \$400 to a					Yes No		Amo	unt of Co	ntribution
of dependent child of a loopy ist:	x _{No}		municipality does contribut with said municipality valued			ciated with have						
	No No											
Is this contribution associated with an event reported in Section L1?	Yes		or a principal of state contra		ective state c			Yes No				
If yes, list Event #	x No		eate which branch or branche t the contract is with:	28 01	E	xecutive X I	Legislative					
Method of Contribution						Date Receive	ed	Aggregate Contributions				
	Ū											
Cash Personal Check	X Credit/De	ebit Card	Payroll Deduction	L N	Money Order	03/26/20	16	\$70.00			\$70.0	0
Last Name					Einst	Name		•				MI
Gaffney					FIIS	Christine						MII
Residential Street Address					City	Cilistile			State		Zip Coo	ile .
73 Mason Dr					•	Britain			СТ		06052	
Principal Occupation						Name of Employe	er					
Detient Assemb Den						11000						
Patient Account Rep						HOCC						
Is contributor a lobbyist, spouse,	Yes	l	ion is in excess of \$400 to a					Yes No		Amo	unt of Co	ntribution
of dependent child of a lobbyist:			municipality does contribut with said municipality valued			ciated with have						
	x No											
Is this contribution associated with an event reported in Section L1?	Yes		or a principal of state contra cate which branch or branch		ective state c	ontractor?		Yes X No				
If yes, list Event #	x No		t the contract is with:	28 01	E	xecutive I	egislative					
Method of Contribution						Date Receive	ed	Aggregate Contributions	-			
	Ū											
Cash Personal Check	X Credit/De	ebit Card	Payroll Deduction	LI M	Money Order	03/26/20	16	\$70.00			\$70.0	0
Last Name					Firet	Name		•	•			MI
Poplawski					1 1131	Paula						
Residential Street Address					City				State	\neg	Zip Coo	de
387 Steele St					New	Britain			СТ		06052	2
Principal Occupation						Name of Employe	er					
Clerk						Town of E	Berlin					
Is contributor a lobbyist, spouse,	Yes	If contribut	ion is in excess of \$400 to a	candidate co	mmittee for a	a chief executive		Yes No		Amo	unt of Co	ntribution
of dependent child of a lobbyist:			municipality does contribut with said municipality valued			ciated with have		L 165 L NO				
	x No	a contract v	said municipality valued	. at more trial	42000!							
Is this contribution associated with an	Yes		or a principal of state contra		ective state c	ontractor?		Yes X No				
event reported in Section L1? If yes, list Event #	x No	-	eate which branch or branche t the contract is with:	es of	E	xecutive I	egislative					
Mathed of Contribution		50 verminelli	consider is with.			D-t B ·	. 1	A	\dashv			
Method of Contribution				_		Date Receive	eu	Aggregate Contributions				
Cash Personal Check	X Credit/De	ebit Card	Payroll Deduction	L M	Money Order	02/20/20	1.0	470.00			470 O	0

03/30/2016

\$70.00

					Page 10 01 2
	I. MONETARY RECEIPT	S (Section A-K)			
NAME OF COMMITTEE (Provide Complet			TYPE OF REPORT		
STEWPAC	e Name as Registered with Filling Reposit	ory)	April 10 Filing - Original		
	B. Itemized Contributions from 1	Individuals			
Last Name		First Name			MI
Wardwell		James			
Residential Street Address		City		State	Zip Code
180 Brittany Farms Rd Unit E Principal Occupation		New Britain Name of Employer		СТ	06053
Trincipal Occupation		Name of Employer			
Chief of Police		City of New B	ritain		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she associated with have	Yes No	Am	nount of Contribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	ospective state contractor?	Yes X No		
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of government the contract is with:	Executive Legisl			
Method of Contribution		Date Received	Aggregate Contributions		
Cash Personal Check X Credit/I	Debit Card Payroll Deduction	Money Order 03/30/2016	\$70.00		\$70.00
Last Name		First Name			MI
Sherman		Roger			
Residential Street Address		City		State	Zip Code
64 White Oak Ln		Waterbury		СТ	06705
Principal Occupation		Name of Employer			
IT Director		Gengras Moto	r Cars Inc.		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes X No	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she associated with have	Yes No	Am	nount of Contribution
Is this contribution associated with an	Is contributor a principal of state contractor or pro	amaatiya atata aantmaatan?			
event reported in Section L1? If yes, list Event # Yes X No	If yes, indicate which branch or branches of government the contract is with:	Executive Legisl	Yes X No		
Method of Contribution		Date Received	Aggregate Contributions	\dashv	
Cash Personal Check X Credit/I	Debit Card Payroll Deduction	Money Order 03/30/2016	\$70.00		\$70.00
Last Name		First Name			MI
Liegeot		Katelyn			
Residential Street Address		City		State	Zip Code
Principal Occupation		Berlin Name of Employer		СТ	06037
Frincipal Occupation		Name of Employer			
Legislative Aide		State of CT			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	If contribution is in excess of \$400 to a candidate officer of a municipality does contributor or busin a contract with said municipality valued at more the	ess he/she associated with have	Yes No	Am	nount of Contribution
X No					
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes X No	Is contributor a principal of state contractor or pro If yes, indicate which branch or branches of government the contract is with:	Executive Legisl	Yes X No		
Method of Contribution	1	Date Received	Aggregate Contributions	\dashv	
Cash Personal Check X Credit/l	Debit Card Payroll Deduction	Money Order			
		03/31/2016	\$70.00		\$70.00
			Total of Section	n B	\$1,697.00
TOTAL OF ALL CONTRIBUTIONS FR	OM INDIVIDUALS (Section	ns A & B) (Total on Line	13 of Summary Page)		\$1,837.00

	I. MO	NETAR	Y RECEIPTS	S (Section A	-K)			
NAME OF COMMITTEE (Provide C					•	TYPE OF REPORT		
STEWPAC						April 10 Filing - Original	ıI	
	C1. Contril	butions f	rom Other Con	nmittees		1		
Name of Committee					Name of Treasurer			
Address	No	Am	nount of Contribution					
City	State Zip Code Date Received Aggreg							
						Total of Section C1		
	I. MONETA	RY RE	CEIPTS (Sect	tion A-K)				
NAME OF COMMITTEE						TYPE OF REPOR	RT	
STEWPAC						April 10 Filing - Origin	nal	
	C2. Reimbursemen	ts or Sur	plus Distributi	ons from oth	er Committees	5		
Name of Committee				Name of	Treasurer			
Address				Date Rec	eeived			Amount of Receipt
City		State	Zip Code		Type mbursement for shared plus Distribution	expense		
Expenditure # (if applicable)	Description							
						Total of Section	C2	

I. MONETARY RECEIPTS (Section A-K)											
NAME OF COMMITTE	E (Provide Complete Name as Re	egistered wit	th Filing R	epo	sitory)		ТҮРЕ	OF REPOI	RT		
STEWPAC							April 10 Filing - Original				
	D. L	oans Recei	ived this	Per	riod		•				
Name of Lender					Source of Loan:					Date of Receipt	
					Bank Can	didate	Individu	al (Other		
Street Address				City			State	Zip Cod	e	Is there a cosigner or Guarantor of this loan? Yes No	
Name of Cosigner/Guarantor (i		Amount Received									
Street Address City								Zip Cod	е		
Total of Section									D		
	I. Mo	ONETAR	RY REC	EII	PTS (Section A-F	()					
NAME OF COMMITTE	EE						ТҮРЕ О	F REPORT			
STEWPAC							April 10 F	ling - Origina	l		
E. R	Receipts from Entities other t	han Indivi	duals or	Otl	her Committees <i>(R</i>	Referendu	m Comn	nittees ON	ILY)		
Name of Entity											
Street Address						Date Re	ceived			Amount Received	
City		State	Zip Code			Aggrega	ate Contribut	ions			
								Total of	Section E		
	I. M	ONETAR	RY REC	ΕΠ	PTS (Section A-F	()					
NAME OF COMMITTE	EE (Provide Complete Name as F	Registered w	ith Filing	Rep	ository)		Т	YPE OF R	EPORT		
STEWPAC April 10 Filing - Original											
	F. Amount Transferred	from Affil	iated Bus	sine	ess Treasury (Busi	ness Enti	ity Comn	nittees ON	ILY)		
Date of Receipt Is this transaction associated with an event reported in Section L1? Yes No If yes, list Event # Amount								nt .			
	Total of Section F										

		I. MO	NETARY RECEIP	ΓS (Section A-K	()			
NAME OF COMMITTEE							TYPE OF REPO	ORT
STEWPAC							April 10 Filing - Origina	I
G. Amount Transferred	l from Affi	liated Labor Unio	on or Other Organizat	ion Treasury <i>(Or</i> g	ganiza	ation C	ommittees ONLY)	
Date of Receipt		Amount						
						Т	otal of Section G	
							•	
		I. MONE	TARY RECEIPTS (Section A-K)				
NAME OF COMMITTEE							TYPE OF REPOR	RT
STEWPAC April 10 Filing - Original								
H. Personal	Funds of t	he Candidate Rec	ceived this Period (Car	ndidate Committe	es ON	NLY)		
Date of Receipt	Method of P	ayment Cash	Personal Check	Credit/Deb	it Card			Amount
						To	otal of Section H	
		I. Moi	netary Receipts (Sec	tion A-K)				
NAME OF COMMITTEE (P	rovide Com	plete Name as Regis	stered with Filing Reposito	ory)			TYPE OF REPOR	RT
STEWPAC							April 10 Filing - Original	
		J. Interest from	n Deposits in Authoriz	ed Accounts				
Name of Institution						Date Rece	rived	Amount
Street Address			City		State		Zip Code	
			<u> </u>		<u> </u>		Total of Section J	

		I. M	IONETARY F	RECE	IPTS (Section A-K)						
NAME OF COMMITTE	EE							ТҮРЕ	E OF RI	EPORT		
STEWPAC								April 10 Fili	ing - Orig	jinal		
		K. Miscellan	eous Monetary	Recei	pts not (Considered Con	tribution	s				
Name							Date of Tran	saction			Amount Received	
Street Address			City				State	Zip Code				
Description								1				
								Total of Sec	ction K			
		II. EVENT A	CTIVITY (S	ection	ns L1 -]	L5)						
NAME OF COMMITTE	EE (Provide	e Complete Name as Regi	stered with Filing	Repos	itory)			TYPE OF RE	EPORT			
STEWPAC								April 10 Filing -	Original			
			L1. Eve	nt Info	ormatio	n						
Event # Let Date of Event	etter	Description							Was	this a fund	lraising ev	ent?
04/21/2016 A		Picnic Event							Х	Yes		No
Location: Street Address						City			State		Zip Cod	e
230 John Karbonic Way	/					New Britain			СТ		06051	
Subpart 1: (All Committees) Was this event hosted at a personal transfer of the subpart 1: (All Committees)	sonal residence	e?		X	Yes No	(If yes, go to Sec Contributions Asso information for any invitations.)	ciated with a	House Party an	d comple	ete require		
Did this fundraiser include good up to \$200 or items donated by				X	Yes No	(If yes, go to Sec Contributions and				dered		
Was this fundraiser a tag sale, a puchases from an individual of		ner sale of donated items with		П х	Yes No	(If yes, enter Tot	tal Receipts	s here.)				\$0.00
Subpart 2: (Party Committees,	Municipal Co	andidates and Political Committe	es other than Explorate	ory Comn	nittees)							
Were there purchases of adverti with this fundraiser?	ising space in	a program book or on a sign asso	ociated	X	Yes No	(If yes, go to See Book or on a Sign				ace in a F	Program	
Subpart 3: (Town Committees C Did your committee sell food or within the state with this fundra	or beverage at	a fair or similar mass gathering h	eld		Yes	(If yes, enter Tot	al Receipts	nere.)				\$0.00
within the state with this fundra	aisci !				No				. [40.55
							Tot	al of Section L	1			\$0.00

		II.	EVENT ACTIVITY (Secti	ons L	.1 - L5)					
NAME OF COMMITTEE	(Provide Co	omplete Name as Re	egistered with Filing Repository)			TYI	PE OF RE	PORT		
STEWPAC						April 10 Fil	ing - Origina	I		
L3. Purchases of A	Advertising	g in a Program B	ook or on a Sign							
Name of Purchaser						Purchase Ma	ade Bv			
Nume of Furchaser							ness Entity		(Other
Street Address						Indi	vidual/Sole P	roprietor	ship	1
Succe Address					City			Star	e	Zip Code
Date Received	Event #		Aggregate Purchases for All Events	Amou	unt of Program Ad Purchase		Amount	of Sign I	urch	nase
l		<u> </u>				T. 4.1	65 I	2		
						1 otal c	of Section L	3		
		II. EVI	ENT ACTIVITY (Sections	L1 - I	L5)					
NAME OF COMMITTEE	(Provide Co	omplete Name as Re	egistered with Filing Repository)			TYPE	OF REPO	ORT		
STEWPAC						April 10 l	Filing - Origii	nal		
]	L4. In-Kind Dona	ations Not Considered Contril	oution	s					
Name of the Donor										
Street Address				City				1	1	
Sactor Adarbas								Star	e	Zip Code
Donation Given by:	D	escription of Donation						Fa		Iarket Value of Donation
Business Entity	_		Т		T					
Individual	D	ate Received	Event #		Aggregate value	for this event				
Sole Proprietorship										
						Total of So	ection L4			

		II.EVEN	ГΑ	CTIVITY (Section	ons L	1 - L5)						
NAME OF COMMITTEE (Provide	Complete Nar	ne as Registered w	vith 1	Filing Repository)					TYPE OF	F REPO	RT	
STEWPAC								Apı	ril 10 Filing -	Original		
L5. In-Ki	nd Donation	s Not Consider	ed (Contributions Asso	ciated	l with a	House Par	ty				
Name of the Host							Is this event su	upport	ing more than	one candi	date or co	ommittee?
							Yes		AT-	If yes, con Addendun	-	mization in
Street Address					City			State Zip Code				Zip Code
Description of Donation												arket Value of Donation
Event #	Aggregate valu	e of this Event - all hos	sts		1	Aggregate v	value of all Event	ts - this	s host/candida	te		
							,	Total	of Section	L5		
	III. N	ONMONETA	RY	RECEIPTS (See	ctions	s M - C))					
NAME OF COMMITTEE (Provide C	Complete Nam	e as Registered wi	ith F	iling Repository)					TYPE	E OF RE	EPORT	
STEWPAC								4	April 10 Filinç	g - Origina	al	
		M. In-Kind	l Co	ntributions								
Name												
Street Address				City					State		Zip	Code
	,								Suite			
Type of Contributor: Committee Individual / Sole Proprietorship	Other	Received	Ag	gregate contributions		Description	on of In-Kind Co	ntribu	tion			
Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more No than \$5000?					Contribution							
Is this contribution associated with an Yes event reported in Section L1? No If yes, list Event# Is contributor a principal of state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative												
							m :	1 -20	Section M			

III. Non Monetary Receipts (Sections M - O)										
NAME OF COMMITTEE	NAME OF COMMITTEE									
STEWPAC						I				
N. Refundable Deposit to Telephone Company										
Last Name of Individual		First Name		MI	Date I	Deposit Made				
Residential Street Address	Cit	y	State	Zip Code		Amount of Deposit				
Name of Telephone company										
Street Address	City		State	Zip Code						

IV. EXPENDITURES (Sections P - T)											
NAME OF CO	MMITTEE	(Provide Complete Name as Registered with Filir			TYPE OF RE	EPORT					
STEWPAC					April 10 Filing - O	riginal					
		P. Expenses	Paid By Committee								
Name of Payee William Riemer				Date of Payment 01/04/2016		Method of Payment X Check # Debit Card	1046 EFT				
Street Address 50 W District Rd			City Farmington			State CT	Zip Code 06085				
Purpose of Expendi	iture	Description P.O. Box Renewal			Amount						
Expenditure # (if applicable)	Type of E X None of Coordin		\$66.00								
Name of Payee Teresa's Catering Coordinated without reimbursement sought (in-kind contribution) Organization A B C Date of Payment 01/07/2016						Method of Payment X Check # 1044 Debit Card EFT					
Street Address 175 Gold St			City New Britain	•		State CT	Zip Code 06053				
Purpose of Expendi (by code) FNDR *	iture	Description FOOD		Event # 12102015A	١.	A	Amount				
Expenditure # (if applicable)	X None of Coordin	xpenditure (Itemization in Addendum P Required unless "None of the below nated with reimbursement sought (joint expenditure) nated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	АВ	□с□р		\$1,196.43				
Name of Payee White Eagle Me	edia LLC			Date of Payment 01/08/2016		Method of Payment X Check # Debit Card	1047 EFT				
Street Address PO Box 52057			City Boston	•		State MA	Zip Code 02205				
Purpose of Expendi (by code) A-NEWS		Description Christmas AD		Event #			Amount				
Expenditure # (if applicable)	Type of E X None of Coordin	□с□р		\$175.00							

IV. EXPENDITURES (Sections P - T)										
NAME OF CO	MMITTEE	(Provide Complete Name as Registered with Filir			TYPE OF RE	EPORT				
STEWPAC					April 10 Filing - O	riginal				
		P. Expenses	Paid By Committee							
Name of Payee John Board				Date of Payment 01/26/2016		Method of Payment X Check # Debit Card	1048 EFT			
Street Address 170 Umpawaug	Rd		City Redding			State CT	Zip Code 06896			
Purpose of Expendent (by code) RCW	iture	Description Domains			Amount					
Expenditure # (if applicable)	Type of E X None o Coordin	□c □D		\$446.95						
Name of Payee New Britain Cit	ty Journal			Date of Payment 01/26/2016		Method of Payment X Check # Debit Card	1049 EFT			
Street Address PO Box 2111			City New Britain			State CT	Zip Code 06050			
Purpose of Expendent (by code) A-NEWS		Description Christmas AD		Event #		A	Amount			
Expenditure # (if applicable)	X None o	xpenditure (Itemization in Addendum P Required unless "None of the below nated with reimbursement sought (joint expenditure) nated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	АВ	□с□р		\$10.00			
Name of Payee Stop & Shop				Date of Payment 02/24/2016		Method of Payment Check # X Debit Card	EFT			
Street Address 1309 Corbin Ave	e		City New Britain	•		State CT	Zip Code 06053			
Purpose of Expende (by code) FOOD	iture	Description Food		Event #		A	Amount			
Expenditure # (if applicable)	Type of E X None o Coordin	□с□р		\$31.97						

IV. EXPENDITURES (Sections P - T)											
NAME OF CO	MMITTEE	(Provide Complete Name as Registered with Filin		-		TYPE OF RE	EPORT				
STEWPAC						April 10 Filing - O	riginal				
		P. Expenses	Paid By	Committee	,						
Name of Payee Liquor Depot					Date of Payment 02/24/2016		Method of Payment Check # Debit Card	EFT			
Street Address 687 W Main St			City New B	ritain			State CT	Zip Code 06053			
Purpose of Expend (by code) FOOD	iture	Description Beverage	Event #				А	mount			
Expenditure # (if applicable) X None of the below								\$23.38			
Name of Payee Costco Date of Payment 03/04/2016							Method of Payment Check # X Debit Card	EFT			
Street Address 405 Hartford Rd	I		City New B	ritain			State CT	Zip Code 06053			
Purpose of Expend (by code) FOOD	iture	Description Beverage			Event #		А	mount			
Expenditure # (if applicable)	X None o	Expenditure (Itemization in Addendum P Required unless "None of the below nated with reimbursement sought (joint expenditure) nated without reimbursement sought (in-kind contribution)	of the below	Independent Organization	Па Пв	□с □р		\$17.21			
Name of Payee Costco					Date of Payment 03/04/2016		Method of Payment Check # X Debit Card	EFT			
Street Address 405 Hartford Rd	I		City New B	ritain			State CT	Zip Code 06053			
Purpose of Expend (by code) FOOD	iture	Description Food			Event #		А	mount			
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum P Required unless "None of the below" is checked) X None of the below Coordinated with reimbursement sought (joint expenditure) Independent Coordinated without reimbursement sought (in-kind contribution)								\$111.04			

IV. EXPENDITURES (Sections P - T)											
NAME OF COM	MITTEE	(Provide Complete Name as Registered with Filir	ng Repository)		TYPE OF RE	EPORT					
STEWPAC					April 10 Filing - O	riginal					
		P. Expenses	Paid By Committee	2							
Name of Payee Costco				Date of Payment 03/08/2016		Method of Payment Check # Debit Card	EFT				
Street Address 405 Hartford Rd			City New Britain			State CT	Zip Code 06053				
Purpose of Expenditure (by code) FOOD	е	Description Food			Amount						
Expenditure # (if applicable)		\$52.94									
Name of Payee Squidix				Date of Payment 03/11/2016		Method of Payment Check # X Debit Card	EFT				
Street Address 4639 N College Ave	e		City Indianapolis	•		State IN	Zip Code 46205				
Purpose of Expenditure (by code) A-WEB	е	Description Data Storage		Event #		А	umount				
Expenditure # (if applicable)	None of Coordin	xpenditure (Itemization in Addendum P Required unless "None of the below hated with reimbursement sought (joint expenditure) hated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	□а □в	□с □р		\$59.40				
Name of Payee Elks Lodge #957				Date of Payment 03/15/2016		Method of Payment X Check # Debit Card	1050 EFT				
Street Address 30 Washington St			City New Britain			State CT	Zip Code 06053				
Purpose of Expenditure (by code) A-OTH	e	Description Tickets		Event #		А	smount				
Expenditure # (if applicable)	□с□р		\$120.00								

IV. EXPENDITURES (Sections P - T)										
NAME OF COM	MMITTEE	(Provide Complete Name as Registered with Filir	ng Repository)		TYPE OF RE	EPORT				
STEWPAC					April 10 Filing - O	riginal				
		P. Expenses	Paid By Committee							
Name of Payee Walgreens				Date of Payment 03/23/2016		Method of Payment Check # X Debit Card	EFT			
Street Address 780 Waukegan Ro	d		City Deerfield			State IL	Zip Code 60015			
Purpose of Expenditu (by code) FNDR *	ure	Description Invites	Event # 04212016A			Amount				
Expenditure # (if applicable) X None of the below							\$138.90			
Name of Payee BJ Wholesale CL	Lub			Date of Payment 03/26/2016		Method of Payment Check # X Debit Card	EFT			
Street Address 75 Spring St			City Southington	•		State CT	Zip Code 06489			
Purpose of Expenditu (by code) FOOD	ure	Description Food		Event #		A	mount			
Expenditure # (if applicable)	X None of	xpenditure (Itemization in Addendum P Required unless "None of the below hated with reimbursement sought (joint expenditure) hated without reimbursement sought (in-kind contribution)	of the below" is checked) Independent Organization	АВ	□с □р		\$25.96			
Name of Payee Dunkin Donuts				Date of Payment 03/30/2016		Method of Payment Check # X Debit Card	EFT			
Street Address 135 Main St			City New Britain	-		State CT	Zip Code 06051			
Purpose of Expenditu (by code) FOOD	ure	Description Coffee		Event #		А	mount			
Expenditure # (if applicable)	Type of E: X None of Coordin	□с□р	\$18.09							

	IV. EX	PENDITURES	S (Sections P - T)						
NAME OF COMMITT	EE (Provide Complete Name as R	Legistered with Filir	ng Repository)		TYP	E OF REPO	ORT		
STEWPAC					April 10) Filing - Origi	nal		
		P. Expenses	Paid By Committee						
Name of Payee Anedot Street Address			City	Date of Payment 03/31/2016			Method of Paymen Check # Debit Ca		EFT
5555 Hilton Ave Ste 106			Baton Rouge				LA	70808	
Purpose of Expenditure (by code) A-WEB	Description Online Fee			Event #				Amount	
Expenditure # Type of X Non Coo	D			\$80.01					
					Total of	Section P		\$2,	,573.28
	IV.	EXPENDITU	RES (Sections P -	T)					
NAME OF COMMITTE	EE (Provide Complete Name as Ro	egistered with Filing	g Repository)			TYPE	OF REPORT		
						April 10 Filin	g - Original		
	Q. Cam	paign Expenses l	Paid By Candidate						
Name of Payee (Name of vendor,	Person or Entity who candidate paid direct	y)		Date	of Paymen	t	Is Reimbursen	nent Claimed? Yes	No
Street Address		City					State	Zip Code	
Purpose of Expenditure (by code)	Description			Even	t #			Amount	
					Total	of Section Q	2		

		IV. EXPENDITURES									
NAME OF COM	MITTEE (Pro	vide Complete Name as Registered with Filing Repos	sitory)		TYPE OF R	EPORT					
STEWPAC				,	April 10 Filing - Orio	ginal					
		R. Expenses Incurred on Commit	tee Credit Card								
Name of Issuing Institu	tion		Type of Credit Card: Visa M Other	Master Card	Discover	American Exp	ress				
Name of Vendor, Person	n or Entity					Date of Transac	etion				
Street Address			City			State	Zip Code				
Purpose of Expenditure (by code)	2	Description	•	Event #		Amount					
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum R Required unless "None of the below" is checked) None of the below											
Coordinated with reimbursement sought (joint expenditure) Independent											
	Coordinated without reimbursement sought (in-kind contribution) Organization A B C D										
				Т	otal of Section R						
		IV. EXPENDITURES	1								
NAME OF COM	MITTEE (Pro	vide Complete Name as Registered with Filing Repos			TYPE OF R	EPORT					
STEWPAC	(April 10 Filing -	- Original					
		S. Expenses Incurred By Committee but I	Not Paid During t	this Period							
Name of Creditor						Date Incurred					
Street Address			City			State	Zip Code				
Purpose of Expenditure (by code)	e Desc	ription		Event #			nt Incurred e or Actual)				
Expenditure# (if applicable)	Type of Exper	aditure (Itemization in Addendum S Required unless "None of the belo	ow" is checked)	<u> </u>							
	None of t	he below									
	Coordina	ted with reimbursement sought (joint expenditure)	Independent								
	Coordina	ted without reimbursement sought (in-kind contribution	Organization:	A B	C D						

Total of Section S

IV. EXPENDITURES (Sections P - T)											
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)					TYPE OF REPORT						
STEWPAC					,	April 10 F	Filing - Original				
T. Itemization of Reimbursements and Secondary Payees											
Last Name of Worker/Consultant	First MI			MI	Date of Payment to Vendor, Person or Entity						
William	William Riemer				01/04/2016						
Name of Vendor, Person or Entity Pa	id by Committee Worker/Consultant			_	Reimburse Con	nmittee W 1046	Vorker/Consultant a	s reported in Debit Card	Section P EFT		
Street Address of Vendor, Person or I 135 Chestnut St		City New	Britain				State CT	Zip Code 06050			
Purpose of Expenditure (by code) POST	Description Renewal		1		Event #				Amount		
Expenditure # Type of Expenditure (Itemization in Addendem T Required unless "None of the below" is checked) X None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization: A B C D							\$66.00				
Last Name of Worker/Consultant		First			MI	Da	ite of Payment to Vo	endor, Perso	n or Entity		
Board		John					01/26/20)16			
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant GoDaddy				_	Reimburse Con X Check #	nmittee W	Vorker/Consultant a	s reported in Debit Card	Section P EFT		
Street Address of Vendor, Person or 14455 N Hayden Rd Ste 21		City Scot	ttsdale				State AZ	Zip Code 85260			
Purpose of Expenditure (by code) A-WEB	Description Domains				Event #				Amount		
Expenditure # Type	of Expenditure (Itemization in Addendem T Required un	less "None of the belo	ow" is ch	necked)							
	None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contri		$\overline{}$	Independent Organization:	□ A [□в [□с □ D		\$446.95		
						Total	of Section T		\$512.95		

						Page 26 of 2		
Section L	5. ADDEN	IDUM						
NAME OF COMMITTEE					TYPE OF REPORT			
L5. In - Kind Donations Not Conside	ered Contri	bution Associ	ated with a House	Party - Ado	dend	um		
Event #								
Name of Candidate or Committee								
Section P. A	ADDEND	UM						
NAME OF COMMITTEE					TYPE OF REPORT			
P. Expenses P	aid By Con	nmittee - Add	endum					
Expenditure #	Sup	upported Opposed				Amount of Expenditure		
Name of Candidate or Committee		Office Sought (if		Cost Allocated to Candidate or Committee				
Section R	ADDEND	UM						
NAME OF COMMITTEE				TYPE OF REPORT				
R. Expenses Incurred on Committee Credit Card - Addendum								
Expenditure #	Sup	ported	Opposed			Amount of Expenditure		

Office Sought (if applicable)

Cost Allocated to Candidate or Committee

Name of Candidate or Committee

Section S. ADDENDUM								
NAME OF COMMITTEE			TYP	E OF REPORT				
S. Expenses Incurred by Committee but Not Paid During this Period - Addendum								
Expenditure #	Supp	oorted Opposed		Amount of Expenditure				
Name of Candidate or Committee		Office Sought (if applicable)		Cost Allocated to Candidate or Committee				

Section T. ADDENDUM							
NAME OF COMMITTEE				TYPE OF REPORT			
T. Itemization of Reimbursements and Secondary Payees - Addendum							
Expenditure #	Suj	pported Opposed			Amount of Expenditure		
Name of Candidate or Committee		Office Sought (if applicable)			Cost Allocated to Candidate or Committee		